



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 23 2016

Ms. Lynne M. Loesch, Executive Director
Mental Health Association of Washington County
575 North Main Street
Washington, Pennsylvania 15301

RE: M.H.A. Enhanced Personal Care Home
200 Spring Street
Bentleyville, Pennsylvania 15314
License #: 424150

Dear Ms. Loesch:

As a result of the Department of Human Services' annual licensing inspection on August 30, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: M H A ENHANCED PERSONAL CARE HOME		License Number: 42415
Address: 200 SPRING STREET, BENTLEYVILLE, PA 15314		County: Washington
Administrator: Kelli Coniglio		Region: WEST
Legal Entity Name: MENTAL HEALTH ASSOCIATION OF WASHINGTON COUNTY		
Legal Entity Address: 575 NORTH MAIN STREET, WASHINGTON, PA 15301		RECEIVED
Certificate(s) of Occupancy C-2 LP 04/17/2006 PA L&I		SEP 23 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 12 Total Daily Staff: 26 Waking Staff: 20		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/30/2016: Rahuba, Matt		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 12 Number of Residents Served: 12 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 10 Have Mental Illness: 12 Have an Intellectual Disability: 6 Have a Mobility Need: 2 Have a Physical Disability: 0

Violation Report: 42415 - 08/30/2016 - Rahuba, Matt
PCH Name: MHA ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on [redacted] 6. However, direct care staff person A did not complete any of the required first day training until 1/27/16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

MHA has typically had all new employees complete their orientation on their first day of work. In this instance the staff person did not. As of 9/21/16, no employees will be scheduled until their required first day of training is complete on their first day. They will complete all necessary training and orientation.

Within 30 days of receipt of the plan of correction: The administrator or designee will review all training records for staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65(a). 9-30-16 y

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
David Jenko Executive Director	9-21-16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-30-16 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 9-30-16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress ✓
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42415 - 08/30/2016 - Rahuba, Matt
 PCH Name: MHA ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff B only completed 10.5 of the required 12 hours of annual training during the 2015 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Training is very important to MHA. In order to keep track of trainings, MHA will post in the Tech Station the amount of hours each staff person has on a monthly basis. Staff will also be reminded during the monthly meetings to ensure they are aware of their training hours. An updated list is enclosed.

Immediately: Direct care staff person B shall complete 1.5 hours of training for the 2015 training year. These training hours may not count for the 2016 training year. *9-30-16*

Within 30 days of receipt of the plan of correction: The administrator will review all staff current training and records to ensure all direct care staff have received the required 12 hours of annual training in accordance with regulation 2600.65(e) during the 2015 training year and documentation is maintained in each staff record. *9-30-16*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DAVID JENCO Executive Director</i>	Date <i>9-21-16</i>
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The above plan of correction is approved as of *9-30-16*
 (Date)

Plan of correction implementation status as of *9-30-16*
 (Date)

The above plan of correction was approved by *S*
 (Initials)

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- Partially Implemented - Inadequate Progress
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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42415 - 08/30/2016 - Rahuba, Matt
PCH Name: MHA ENHANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B did not complete training during the 2015 training year as follows:

- * Medication self-administration
- * Infection control and general principles of cleanliness and hygiene and areas associated with mobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Along with the monthly list of training hours, the list will also include the required trainings that need to be completed. The program director will monitor the updated lists in order to ensure that the trainings are completed. This list is also enclosed.

Immediately: Direct care staff person B shall complete training on medication self-administration and infection control and general principles of cleanliness and hygiene and areas associated with mobility, such as prevention of decubitus ulcers, malnutrition and dehydration. Documentation of education shall be kept. *9-30-16*

Within 30 days of receipt of the plan of correction: The administrator shall review all current staff training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(f) during the 2015 training year. *9-30-16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

David Jones Executive Director

Date *9-21-16*

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(Date)

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(Initials)

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Violation Report: 42415 - 08/30/2016 - Rahuba, Matt
PCH Name: MHA ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The temperature of freezer #1 in the main kitchen measured 8 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The freezer in the kitchen, tracking sheet is attached. As of 9/21/16 the freezer has been turned down and it is checked upon the cook's arrival. It seems that the temperature varies only when someone goes in and out of it. Turning it down should keep it at 0° and the staff will be reminded to keep it checked.

Immediately: The administrator or designee will check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. 9-30-16

Within 30 days of receipt of the plan of correction: All staff persons involved in food storage and preparation will be re-educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept. 9-30-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

DAVID JERIC Executive Director

Date 9-21-16

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Violation Report: 42415 - 08/30/2016 - Rahuba, Matt
PCH Name: M H A ENHANCED PERSONAL CARE HOME

SEP 23 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The west hallway emergency exit door to the left of the main entrance was blocked by a garden hose caddy on the outside of the door, preventing the door from opening.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The garden hose caddy was removed from the doorways on 8/30/16. On 9/20/16 the garden hose caddy was placed into the storage shed, therefore it can no longer block a doorway. The Lawn Care Company and the Heating & Air Company were both contacted and reminded not to place anything in front of the doorways.

Immediately: A designated staff person will check the home daily on each shift to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.

Within 30 days of receipt of the plan of correction: All staff persons will be educated on maintaining stairways, hallways, doorways, passageways and egress routes from rooms and from the building unlocked and unobstructed. This includes maintaining outside walkways clear of snow, ice or any other obstructions. Documentation of education will be kept. 9-30-16

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *David Jenko Executive Director* Date *9-21-16*

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Page 7 of 7

Violation Report: 42415 - 08/30/2016 - Rahuba, Matt
PCH Name: M H A ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #1's most recent medical evaluation was completed on 8/10/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1's medical evaluation was completed on 8/31/16. A chart was created in order to be aware of when the next MA-51 due date is for each resident. The appointments are made in advance now in order to ensure that the dates are correct. The staff schedule the appointments and the Director monitors them to make sure it is done. The chart is enclosed.

Immediately: The administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including all required information. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. 9-20-16 ✓

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *David Jerez, Executive Director* Date *9-21-16*

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(Date)

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